

## Expanded Explanation Of Capital Data Survey 2007

### Section I. Provider Information

- A Enter the name of the nursing facility as it appears on the nursing facility license.
- B Enter the facility Medicaid skilled nursing number.
- C Enter the street address of the facility.
- D Enter the City, State and Zip Code of the facility.
- E Enter the telephone number of the facility, including area code.
- F Enter the fax number of the facility, including area code.
- G Enter the year in which the initial construction of the facility was completed. If the facility has been renovated, enter the completion date of the oldest portion of the building still in use.

### Section II. Current Bed and Square Footage Data

- H Enter the number of licensed nursing facility beds currently in your facility.
- I Enter the total number of non-nursing beds currently in your facility. This should include any Adult Care Home beds, Rest Home beds, etc.)
- J Enter the total number of beds in your facility. This should equal the sum of the amount entered in rows H and I.
- K Enter the square footage applicable to the nursing facility. This is measured using the gross square footage methodology.
- L Enter the square footage applicable to the non-nursing services performed at the facility. The services would include Assisted living, residential care, apartments, etc. Only report the non-nursing square footage for the building where the nursing facility is located.
- M Enter the total Gross Square Footage of the Facility including dining areas, admin areas, etc.
- N If your facility expects to complete a major renovation (total cost of \$500 per bed or greater), prior to September 30, 2008, indicate YES. Otherwise, indicate NO.

### Section III. Construction of Additional New Beds or Replacement of Existing Beds Data

- O Enter the Month and Year of the completion dates of any construction project that resulted in the addition of new nursing beds to the facility. The listed projects should include any bed additions since the time that the current building was originally constructed.
- P Enter the total construction cost of any corresponding bed addition construction projects listed on Line O above.
- Q Enter the number of beds added resulting from any bed addition corresponding to construction projects listed on Line O above.
- R Enter the Month and Year of the completion dates of any construction project that resulted in the replacement of a portion of the facility building that did not result in a change in the number of beds. The listed projects should include any replacement projects since the time the current building was originally constructed.
- S Enter the total construction cost of any corresponding bed replacement construction project listed on Line R above.
- T Enter the number of beds located in the replaced portion of the building of any corresponding bed replacement project listed on Line R above.

### Section IV. Major Renovation Not Involving Addition or Replacement of Beds

- U Enter the month and year of the completion dates of any major (cost equivalent to \$500 per bed or greater) renovation project the did not result in the addition or replacement of beds.
- V Enter the total construction cost of any corresponding major renovation project listed on Line U above.

Note: For Major Construction Projects not involving addition or replacement of beds which exceed an estimated cost of \$500,000 and exceed an estimated time to complete of greater than 12 months, the provider may report on the 2007 Capital Data Survey the dollar value percentage actually completed as of 9/30/2007. In order for an entry to be considered, the amount must be greater than 20% complete as of 9/30/2007 and supported by a paid AIA (American Institute of Architects) invoice to a licensed contractor.